



Instructions: Application for Restoration of a Texas OT or OTA License

A person who was formerly licensed in Texas but whose license has been expired for more than one year may restore the Texas license (refer to OT Rules, §370.3). Below are the types of license restoration. All requirements for license restoration must be completed within one year from the date of application.

There are three categories of restoration. Please see the rule section excerpted below from the OT Rules.

§370.3. Restoration of a Texas License.

(a) Restoration of a license expired more than one year to a person with a current license or occupational therapy employment:

(1) The Board may restore a license to a person whose Texas license has been expired more than one year if the person:

(A) is currently licensed in another state or territory of the U.S. and that license has not been suspended, revoked, cancelled, surrendered or otherwise restricted for any reason; or

(B) if not currently licensed in another state or territory of the U.S., is applying from the U.S. military or a non-licensing state or territory of the U.S. and can substantiate occupational therapy employment for at least two years immediately preceding application for a Texas license.

(2) The person shall meet the following requirements:

(A) make application for licensure to the Board on a form prescribed by the Board, which includes a recent passport-type photo;

(B) submit to the Board a verification of license from each state or territory of the U.S. in which the applicant is currently licensed or previously held a license. This must be an original verification sent directly to the Board by the licensing board in that state or territory. Any disciplinary actions must be reported to the Board. If not currently licensed in another state or territory of the U.S. and applying from the U.S. military or a non-licensing state or territory of the U.S., the person must submit a Verification of Employment form substantiating occupational therapy employment for at least two years immediately preceding application for a Texas license;

(C) pass the Board jurisprudence exam;

(D) pay the restoration fee; and

(E) complete all requirements for licensure within one year from the date of application.

(b) Restoration of a license expired more than one year and less than two years to a person without a current license or occupational therapy employment:

(1) The Board may restore a license expired more than one year and less than two years to a person who was licensed in Texas and:

(A) is not currently licensed in another state or territory of the U.S.; or

(B) if not currently licensed in another state or territory of the U.S., is applying from the U.S. military or a non-licensing state or territory of the U.S. and cannot substantiate occupational therapy employment for at least two years immediately preceding application for a Texas license.

(2) The person shall meet the following requirements:

(A) make application for licensure to the Board on a form prescribed by the Board, which includes a recent passport-type photo;

(B) submit copies of the completed continuing education showing 45 hours of continuing education as per Chapter 367 of this title (relating to Continuing Education) with a minimum of 30 hours in Type 2;

(C) submit to the Board a verification of license from each state or territory of the U.S. in which the applicant is currently licensed or previously held a license. This must be an original

- verification sent directly to the Board by the licensing board in that state or territory. Any disciplinary actions must be reported to the Board;
- (D) pass the Board jurisprudence examination;
- (E) pay the restoration fee; and
- (F) complete all requirements for licensure within one year from the date of the application.

(c) Restoration of a license expired more than two years to a person without a current license or occupational therapy employment:

(1) The Board may restore a license expired more than two years to a person who was licensed in Texas and:

- (A) is not currently licensed in another state or territory of the U.S.; or
- (B) if not currently licensed in another state or territory of the U.S., is applying from the U.S. military or a non-licensing state or territory of the U.S. and cannot substantiate occupational therapy employment for at least two years immediately preceding application for a Texas license.

(2) The person shall meet the following requirements:

- (A) make application for licensure to the Board on a form prescribed by the Board, which includes a recent passport-type photo;
- (B) submit to the Board a verification of license from each state or territory of the U.S. in which the applicant is currently licensed or previously held a license. This must be an original verification sent directly to the Board by the licensing board in that state or territory. Any disciplinary actions must be reported to the Board;
- (C) pass the Board jurisprudence exam;
- (D) pay the restoration fee;
- (E) complete all requirements for licensure within one year from the date of application; and
- (F) satisfy one of the following:
 - (i) complete a re-entry course through an accredited college or university and submit the certificate of completion or transcript to the Board;
 - (ii) obtain an advanced or post-professional occupational therapy degree, with an official transcript sent to the Board; or
 - (iii) take and pass the NBCOT examination for licensure purposes only (after requesting Board approval to take the examination) and have the passing score reported to the Board directly by NBCOT. In addition, copies of the completed continuing education showing 45 hours of continuing education as per Chapter 367 of this title (relating to Continuing Education), with a minimum of 30 hours in Type 2, must be submitted.

- Once the applicant has met the requirements and submitted all the required items, the license will be restored by the Board. The restored license will be issued for a period of time that grants the licensee a license for a period of time of at least two years to expire on the last day of the licensee's birth month.

- The requirements for continuing education begin immediately with a new, renewed, or restored Texas license. Refer to Chapter 367 of the OT Rules for more information.

- For restoration fees, please visit the website, <http://www.ptot.texas.gov>, and from the sidebar, select "Look up Fees."

- To access the full OT Rules and OT Practice Act with additional rules and regulations, please visit the following link: <http://www.ptot.texas.gov/page/ot-acts-and-rules>.

- **Address of Record:** Your business address will be the address shared with the public unless you choose another to be available to the public. If no business address is supplied, the mailing address will be selected, and if neither is supplied, the home address will be selected. You can change your address of record at any time through our online Address Change Form on the website.



Texas Board of Occupational Therapy Examiners
Application for Restoration of a Texas OT or OTA License

TEXAS LICENSE #: _____ EXPIRATION DATE: _____

TYPE OF LICENSE: _____ OT _____ OTA

Name: _____

Social Security Number: _____/_____/_____

Attach a recent 2 x 2 inch color photograph on photographic paper of yourself here. A clear head and shoulders shot is required. Write your name and last 4 digits of your social security number on the reverse side.

Method of Restoration: Check one:

____ A. Current, Active Licensure in State: _____ License #: _____
or two years of occupational therapy employment. See §370.3(a).

____ B. Expired more than 1 yr, less than 2 years, and submits proof of 45 hours of CE, min of 30 hours of Type 2. See §370.3(b)

____ C. Expired for more than 2 years. See §370.3(c). Check which method:

____ 1. Re-entry college or university course

____ 2. Advanced or Post-Professional Degree in Occupational Therapy

____ 3. Retake the NBCOT Exam and submits proof of 45 hrs. of CE, min of 30 hrs. of Type 2

You must notify the Board within 30 days of any address or contact information change.

RESIDENTIAL ADDRESS:

Street: _____

City: _____ State: _____ Zip Code: _____

Phone # with area code: _____ Email: _____

MAILING ADDRESS, if different from Residential Address:

Street: _____

City: _____ State: _____ Zip Code: _____

BUSINESS ADDRESS

Name of Business: _____

Street: _____

City: _____ State: _____ Zip Code: _____

Phone # with area code: _____

SELECT ONE OF THE ABOVE AS ADDRESS OF RECORD (circle one): Business Home Mailing

By signing this form, I attest that all information in this application is true, and that I understand that providing false or incorrect information is a violation of the OT Practice Act and may subject me to the penalties set forth in the Act. I also attest that since my license expiration:

☐ *I have not been convicted of a felony, including a finding or verdict of guilty, an admission of guilt, or a plea of nolo contendere, in this state or any other, that has not been reported to the Board as part of this application.*

☐ *No other state or nation has taken an action to suspend or revoke my license to practice occupational therapy that has not been reported to the Board as part of this application.*

☐ *One of the above actions has happened, and I am enclosing the official documentation describing the action for the Board's review.*

Applicant's Signature

Date

Office Use Only

Fees Received: _____ Receipt Date: _____ Receipt No: _____

Approved by: _____ Date: _____ License Expiration Date: _____



Texas Board of Occupational Therapy Examiners
333 Guadalupe, Suite 2-510 Austin, TX 78701-3942
Phone: (512) 305-6900 Fax: (512) 305-6970
www.ptot.texas.gov

History of Licensure

Enter the following information for ALL states, jurisdictions, or countries in which you have ever held or hold an occupational therapy license (or been authorized to practice occupational therapy if licensure was not required). If you do not know the license number or the associated dates, write in the space provided "information not available."

You must submit to the Board a verification of license from each state or territory of the U.S. in which you are currently licensed or previously held a license. This must be an original verification sent directly to the Texas Board of Occupational Therapy Examiners by the licensing board in that state or territory. Any disciplinary actions must be reported to the Board.

Make and attach copies as needed.

STATE/COUNTRY	LICENSE/REG. #	DATE ISSUED	EXPIRATION DATE



Texas Board of Occupational Therapy Examiners
333 Guadalupe, Suite 2-510 Austin, TX 78701-3942
Phone: (512) 305-6900 Fax: (512) 305-6970
www.ptot.texas.gov

Continuing Education Submission Form:

Name _____ License # _____

Complete this form if you meet **one** of the following conditions:

a. Your license has been expired more than one year and less than two years and you are not currently licensed in another state or territory of the U.S. (or, if not currently licensed in another state or territory of the U.S., you are applying from the U.S. military or a non-licensing state or territory of the U.S. and cannot substantiate occupational therapy employment for at least two years immediately preceding application for a Texas license); see §370.3(b).

OR

b. Your license has been expired more than two years and you are not currently licensed in another state or territory of the U.S. (or, if not currently licensed in another state or territory of the U.S., you are applying from the U.S. military or a non-licensing state or territory of the U.S. and cannot substantiate occupational therapy employment for at least two years immediately preceding application for a Texas license) AND you are restoring by taking and passing the NBCOT exam for licensure purposes only and submitting proof of CE; see §370.3(c)(2)(F)(iii)

Instructions: Enter your CE activities and indicate for each whether it is a Type 1 or Type 2 Activity. You may reproduce this page if necessary. **Be sure to submit copies of your CE documentation.**

• Remember to check OT Rules Chapter 367, Continuing Education, and Chapter 370, License Renewal, for more information and additional restoration requirements.

Course/Activity Name	Course Date (MM/DD/YYYY)	Type 1 (Enter # of hours of each type.)	Type 2